FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

						Off	fice Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typing, to over the lines	type		
LN	lita Lowey for Congress		1 1 1 1 1				
ΑD	DRESS (number and street)	PO Box 271					
	Check if different than previously reported. (ACC)	White Plain	s		<u> </u>	NY L	10605
2.	FEC IDENTIFICATION NU	MBER ₩	CITY A	ι	Sī	ГАТЕД	ZIP CODE A
	C00219881		3. IS THIS REPORT	X NEW	OR	AMENDED (A)	STATE V DISTRICT
4.	TYPE OF REPORT ((a) Quarterly Reports: April 15 Quarterly	Choose One) Report (Q1)	(b) 12-Day F	PRE-Election Repo Primary (12P Convention (P)	General (12G Special (12S)	
	July 15 Quarterly October 15 Quart		Election o	,			in the State of
	X January 31 Year-I	End Report (YE)	(c) 30-Day F	COST-Election Rep		Runoff (30R)	Special (30S)
	Termination Repo	rt (TER)	Election o	on			in the State of
5.	Covering Period 1	28	2006	through	12	3 1	2006
	ertify that I have examined this pe or Print Name of Treasurer	D'. I.	best of my knowle d Melnikoff	dge and belief it is	true, correct an	nd complete.	
			Richard Melnik		Dat		28 2007
NC	OTE : Submission of false, erro	oneous, or incompl	ete information ma	ay subject the person	on signing this	Report to the per	nalties of 2 U.S.C 437g.
	Office Use Only						FEC FORM 3 (Revised 02/2003)

Image# 27950014167

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Nita Lowey for Congress м 1 1 м N 12 ° D 28 From: 2006 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 2800.00 2800.00 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 2800.00 2800.00 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 70359.16 90177.42 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 70359.16 90177.42 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 809000.69 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Nita Lowey for Congress D ° D Ï 1 Ï 28 2006 12 2006 Report Covering the Period: From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 2000.00 2000.00 (i) Itemized (use Schedule A)..... 800.00 800.00 (ii) Unitemized..... (iii) TOTAL of contributions 2800.00 2800.00 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 2800.00 2800.00 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 2390.52 2390.52 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 5190.52 5190.52

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date 70359.16 90177.42 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 21000.00 21000.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 91359.16 111177.42 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 895169.33 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 5190.52 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... 900359.85 25. SUBTOTAL (add Line 23 and Line 24)..... 91359.16 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 809000.69 (subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 5/21 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Brett Rosen Date of Receipt Mailing Address 4 East 89th Street #7E 12 20 2006 City Zip Code State Transaction ID: C8290182 New York NY 10128 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer Cowan Financial Group Occupation Financial Services Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 2000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/21
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	11a 11b 11c 11d
_				12 13a 13b 14 X 15
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persor lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Citibank, N.A.			Date of Receipt
	Mailing Address PO Box 5870			11 30 2006
	City	State	Zip Code	Transaction ID: C8360144
	New York	NY	10163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1174.41
	Name of Employer	Occupation	1	
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:	Election C	ycle-to-Date ▼	Spending (2 0.5.0. 441a(1)/441a-1)
	Primary General		2336.04	
	Other (specify) 🔻	0 0	2300.01	
В.	Full Name (Last, First, Middle Initial) Citibank, N.A.			Date of Receipt
	Mailing Address PO Box 5870			12 29 2006
	City	State	Zip Code	Transaction ID: C8360145
	New York	NY	10163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1161.63
	Name of Employer	Occupation	1	7
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:	Election C	ycle-to-Date ▼	Opending (2 0.3.0. 441a(1)/441a-1)
	Primary General		2336.04	
	Other (specify) ▼	0 0		
				1

SUBTOTAL of Receipts This Page (optional)	•	2336.04
TOTAL This Period (last page this line number only)	•	2336.04

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Use seperate schedule(s) for each category of the Detailed Summary Page Summary Page Summary Page Summary Page Summary Page Page 7/21	;
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Caperberry Events Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement Toreach category of the Detailed Summary Page X 17	;
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Caperberry Events Mailing Address 54 Gedney Way City State State Zip Code White Plains NY 10605 Purpose of Disbursement 20a 20b 20c 21 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee 15095.0	;
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Caperberry Events Mailing Address 54 Gedney Way City White Plains NY 10605 Purpose of Disbursement Transaction ID: D169145 Date of Disbursement Amount of Each Disbursement this Purpose of Disbursement	3
Nita Lowey for Congress Full Name (Last, First, Middle Initial) Caperberry Events Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement NY 10605 Transaction ID: D169145 Date of Disbursement Y Y Y O O O O Amount of Each Disbursement this P	
Full Name (Last, First, Middle Initial) Caperberry Events Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement Transaction ID: D169145 Date of Disbursement Transaction ID: D169145 Date of Disbursement Amount of Each Disbursement this P	
A. Caperberry Events Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement State NY 10605 Date of Disbursement Y Y Y Y Y Y O O 6 Amount of Each Disbursement this P	
A. Caperberry Events Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement State NY 10605 Date of Disbursement Y Y Y Y Y Y O O 6 Amount of Each Disbursement this P	
Mailing Address 54 Gedney Way City White Plains Purpose of Disbursement State Zip Code NY 10605 Amount of Each Disbursement this P	V
White Plains NY 10605 Purpose of Disbursement 15095.0	
Tulpose of Disbursement	eriod
Evolit Oddoring	0
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: Disbursement For:	
Senate Primary General President Other (specify) ▼	
State: District:	
Full Name (Last, First, Middle Initial) Transaction ID: D169152	
B. Caperberry Events Date of Disbursement	V
Mailing Address 54 Gedney Way	
City State Zip Code Amount of Each Disbursement this P White Plains NY 10605	eriod
Purpose of Disbursement 2260.0	0
Event Catering Refund or Disposal of Excess	
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For: Senate Primary General	
President Other (specify) ▼	
State: District:	
Full Name (Last, First, Middle Initial) C. Sarah Eckstein Transaction ID: D169160 Date of Disbursement	
Mailing Address 15 Carlin Street	Y
City State Zip Code Amount of Each Disbursement this P Norwalk CT 06851	eriod
Purpose of Disbursement Payroll Refund or Disposal of Excess	4
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For:	
Senate Primary General President Other (specify) ▼	
State: District:	
SUBTOTAL of Disbursements This Page (optional)	1

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 8/21 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D169141 Sarah Eckstein Date of Disbursement 2006 Mailing Address 15 Carlin Street City State Zip Code Amount of Each Disbursement this Period Norwalk CT 06851 1077.64 Purpose of Disbursement Payroll Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D169109 Sarah Eckstein Date of Disbursement 2 9 2006 Mailing Address 15 Carlin Street City State Zip Code Amount of Each Disbursement this Period 06851 Norwalk CT 78.80 Purpose of Disbursement Cell Phone Expense Reimbursement Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D169112 C. Sarah Eckstein Date of Disbursement 2 9 2006 Mailing Address 15 Carlin Street City State Zip Code Amount of Each Disbursement this Period Norwalk CT 06851 1077.64 Purpose of Disbursement Payroll Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 2234.08

SUBTOTAL of Disbursements This Page (optional) ...

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	CHEDULE B (FEC Form (EMIZED DISBURSEMEN	•	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 9/21 / one) X 17
	y Information copied from such Reports for commercial purposes, other than using					or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial) Sarah Eckstein Mailing Address 15 Carlin Stree	•				Transaction ID: D169118 Date of Disbursement 1 2 0 4 2 0 0 6
	City Norwalk	•	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Health Care Insurance Reimbursement Candidate Name	i			Category/	Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spe	General ecify) ▼	Туре	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 1140	1				Transaction ID: D169157 Date of Disbursement M M M M M M M M M M M M M M M M M M M
	City Memphis		State TN	Zip Code 38101		Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General ▼	71	
С.	State: District: Full Name (Last, First, Middle Initial) FEDEX					Transaction ID: D169158 Date of Disbursement
	Mailing Address PO BOX 1140					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City Memphis		State TN	Zip Code 38101		Amount of Each Disbursement this Period 8.96
	Purpose of Disbursement Deliveries Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spe	General ▼		
						93.02
IS	LIRTOTAL of Dishursements This Page	(ontional)			_	93.02

SUBTOTAL of Disbursements This Page (optional)

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 10 / 21 y one) X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Sta for commercial purposes, other than using the n			for the purpose of solicating contributions		
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	•				
A .	Full Name (Last, First, Middle Initial) Ford Credit			Transaction ID: D169143 Date of Disbursement		
	Mailing Address PO Box 220564			12 M / D 1 5 / Y 2 0 0 6 Y		
	City Pittsburgh	State Zip Code PA 15257-2564		Amount of Each Disbursement this Period		
	Purpose of Disbursement Monthly Car Lease Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under		
	Senate President	rsement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53		
	State: District:					
В.	Full Name (Last, First, Middle Initial) Frank Hansen			Transaction ID: D169147 Date of Disbursement		
	Mailing Address 432 18th Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City West Babylon	State Zip Code NY 11704		Amount of Each Disbursement this Period		
	Purpose of Disbursement Event Entertainment Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under		
	Office Sought: House Senate President State: Disbut	rsement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53		
_	Full Name (Last, First, Middle Initial)			Transaction ID: D169142		
C.	Impressive Paper and Envelope Compa	ny		Date of Disbursement		
	Mailing Address 139 East Prospect Ave	enue		12 M / D 1 5 / Y Y Y O Y 6 Y		
	City Mamaroneck	State Zip Code NY 10543		Amount of Each Disbursement this Period		
	Purpose of Disbursement Printing and Postage			26483.57 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)				
_	State: District:					
s	UBTOTAL of Disbursements This Page (option	al)	>	27729.56		

S	CHEDULE B (FEC Form 3)				FOR LINE	NUMBER: PAGE 11 / 21
	EMIZED DISBURSEMENT	S f	Use seperate schedule(s) for each category of the Detailed Summary Page			(check only	
	y Information copied from such Reports an for commercial purposes, other than using						or the purpose of solicating contributions
\vdash	NAME OF COMMITTEE (In Full)						
\rangle	Nita Lowey for Congress						
Α.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.						Transaction ID: D169119 Date of Disbursement
	Mailing Address PO Box 26						$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City New Rochelle	Stat NY		Zip Code 10802			Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent						Refund or Disposal of Excess
	Candidate Name					tegory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Senate President		nt For: imary her (spec	General General			
	State: District:						
В.	Full Name (Last, First, Middle Initial) NetCampaign, LLC						Transaction ID: D169154 Date of Disbursement
	Mailing Address 718 7th Street, N' Suite 300	W		1 ^M 2 ^M / ^D 2 ^D / ^Y 2 0 0 6 ^Y			
	City Washington	Stat DC		Zip Code 20001			Amount of Each Disbursement this Period
	Purpose of Disbursement Web Hosting and Maintenance						Refund or Disposal of Excess
	Candidate Name					tegory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nt For: imary her (spec	General ▼			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Paychex, Inc.						Transaction ID: D169161 Date of Disbursement
	Mailing Address 100 Painters Mill PO Box 388	Road					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$
	City Owings Mills	Stat ME		Zip Code 21117			Amount of Each Disbursement this Period
	Purpose of Disbursement						1264.25
	Payroll Taxes Candidate Name					tegory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nt For: imary her (spec	General wify) ▼			
_	State: District:						
s	UBTOTAL of Disbursements This Page (c	optional)				▶	2870.91

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	CHEDULE B (FEC Form 3)	Use seperate sch		FOR LINE (check only	NUMBER: PAGE 12/21				
IT	EMIZED DISBURSEMENTS	for each category Detailed Summary		(criccit offin	X 17 20a	18 20b	19 20		19b 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
/	Nita Lowey for Congress								
۹.	Full Name (Last, First, Middle Initial) Paychex, Inc.					ction ID:		114	
	Mailing Address 100 Painters Mill Road PO Box 388				1 1	/ 03	3 O /	Y 2	006
	City	State Zip Cod MD 21117			Amoun	t of Each	Disbur	semer	nt this Period
	Purpose of Disbursement Payroll Taxes		Г	•	— Ref	fund or D	isposal	of Exc	401.25
	Candidate Name			Category/ Type	Cor	ntributions C.F.R. 40	s Requi		
	Senate President	ment For: Primary G Other (specify)	eneral						
	State: District:								
3.	Full Name (Last, First, Middle Initial) Paychex, Inc.				Date of	ction ID: Disburs	ement		
	Mailing Address 100 Painters Mill Road PO Box 388				1 ^M 2 M	1 / D	D /	ÝŽ	006
	,	State Zip Cod MD 21117			Amoun	t of Each	Disbur	semer	nt this Period
	Purpose of Disbursement Payroll Processing Fee					fund or D			
	Candidate Name		(Category/ Type		ntribution: C.F.R. 40		red Ur	nder
	Senate President	ment For: Primary G Other (specify)	eneral						
	State: District:								
Э.	Full Name (Last, First, Middle Initial) Paychex, Inc.				Date of	ction ID: Disburs	ement		
	Mailing Address 100 Painters Mill Road PO Box 388				1 ^M 2 M	1 / 1	5	ÝŽ	006
	City	State Zip Co MD 21117			Amoun	t of Each	Disbur	semer	nt this Period
	Purpose of Disbursement Payroll Taxes			fund or D					
	Candidate Name			Category/ Type		ntribution: C.F.R. 40		red Ur	nder
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	eneral						
	State: District:								
s	UBTOTAL of Disbursements This Page (optional) .								958.65

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S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)		LINE NUMBER: PAGE 13 / 21
ITEMIZED DISBURSEMENTS			category of the	(Criec	k only one)
		Detailed	Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the nam				son for the purpose of solicating contributions
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Nita Lowey for Congress				
\mathbb{Z}	Full Name (Local First Middle Letter)				
A.	Full Name (Last, First, Middle Initial) PCMS, LLC				Transaction ID: D169149 Date of Disbursement
	Mailing Address 5304 McKinley Street				M2 M / D19 / Y 2006 Y
	City Bethesda	State MD	Zip Code 20814		Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services			* *	2082.50 Refund or Disposal of Excess
	Candidate Name			Category Type	=
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		
	State: District:	Other (spe	,ciry) ₩		
	Full Name (Last, First, Middle Initial)				Transaction ID: D169140
В.	Peake DeLancey Printers LLC				Date of Disbursement
	Mailing Address 2500 Schuster Drive				M2 M / D1 A / Y 2 0 0 6 Y
	•	State	Zip Code		Amount of Each Disbursement this Period
	Cheverly Purpose of Disbursement	MD	20781		1129.29
	Postage				Refund or Disposal of Excess
	Candidate Name			Category Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ccify) ▼		
	State: District:				
C.	Full Name (Last, First, Middle Initial)				Transaction ID: D169156
C.	Shoreline Publishing, Inc.				Date of Disbursement
	Mailing Address 629 Fifth Avenue				12 M / 20 / Y 2006 Y
	City Pelham	State NY	Zip Code 10803		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement				215.00 Refund or Disposal of Excess
	Candidate Name			Category Type	_
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		
	State: District:	Julio (spe	,~y) ▼		
s	UBTOTAL of Disbursements This Page (optional)				3426.79

S	CHEDULE B (FEC Form 3	3)	Use sepe	erate schedule(s)			NUMBER: PAGE 14/21		
IT	EMIZED DISBURSEMENT					check onl)	y one) X 17		
			Detailed	Summary Page		ŀ	20a 20b 20c 21		
	y Information copied from such Reports a for commercial purposes, other than usin						for the purpose of solicating contributions olicit contributions from such committee		
Λ	NAME OF COMMITTEE (In Full)								
/	Nita Lowey for Congress								
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: D169150		
A.	The Frost Group						Date of Disbursement		
	Mailing Address 2737 Devonshir	e Place, N	W #325		12 M / D D / Y Y Y O O 6 Y				
	City		State	Zip Code			Amount of Each Disbursement this Period		
	Washington	l	DC	20008			2000.00		
	Purpose of Disbursement Fundraising Consulting Services						3000.00		
	Candidate Name				Ca	tegory/	Refund or Disposal of Excess Contributions Required Under		
						ype	11 C.F.R. 400.53		
	Office Sought: House	Disburser			•				
	Senate President		Primary Other (spe	General					
	State: District:		Otrici (spe	y ∀					
	Full Name (Last, First, Middle Initial)						Transaction ID: D169117		
В.	The Frost Group						Date of Disbursement		
	Mailing Address 2737 Devonshire Place, NW #325						12 04 2006		
	City		State	Zip Code			Amount of Each Disbursement this Period		
	Washington		DC	20008			5000.00		
	Purpose of Disbursement Fundraising Consulting Services						Refund or Disposal of Excess		
	Candidate Name					tegory/ ype	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House	Disburser	ment For:						
	Senate President		Primary Other (spe	General					
	State: District:		Other (spe	ecity) 🔻					
_	Full Name (Last, First, Middle Initial)						Transaction ID: D169153		
C.	Woman's Club of White Plains						Date of Disbursement		
	Mailing Address 305 Ridgeway						12 0 20 7 2006		
	City White Plains		State NY	Zip Code 10605			Amount of Each Disbursement this Period		
	Purpose of Disbursement						1350.00		
	Event Facility Rental Candidate Name					togon/	Refund or Disposal of Excess Contributions Required Under		
	Candidate Name					tegory/ ype	11 C.F.R. 400.53		
	Office Sought: House	Disburser	ment For:		·				
	Senate		Primary	General					
	State: President District:		Other (spe	ecity) 🔻					
Г	State. DISTINCT.								
١٩	IIRTOTAL of Dishursements This Page	(ontional)					9350.00		

Newark

Purpose of Disbursement Membership Fee

House

Senate

District:

President

Candidate Name

Office Sought:

State:

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 15/21 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D169144 American Express Date of Disbursement 15 2006 Mailing Address PO BOX 1270 City State Zip Code Amount of Each Disbursement this Period NJ 07101 Newark 384.12 Purpose of Disbursement Credit Card Payment Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D169171 American Express Date of Disbursement 15 2006 Mailing Address PO BOX 1270 City State Zip Code Amount of Each Disbursement this Period

07101

General

Category/

Type

75.00

Refund or Disposal of Excess Contributions Required Under

11 C.F.R. 400.53

[MEMO ITEM]

NJ

Disbursement For:

Primary

Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	384.12
TOTAL This Period (last page this line number only)	•	69999.27

SCHEDULE B (FEC Form 3.)

SCHEDOLL B (I LCI OIIII 3)	Use seperate schedule(s)	FOR LINE I		GE 16 / 21
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 17 18 19a 20a 20b 20c	19b X 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political c	ommittee to som	Sit Goritinoutions Horri Such C	on million
Nita Lowey for Congress				
Full Name (Last, First, Middle Initial) A. BETTY SUTTON FOR CONGRESS			Transaction ID: D16913 Date of Disbursement	
Mailing Address 1700 W. Market St. #155			12 M / D D D / Y	ž 0 0 6 °
City Akron	State Zip Code OH 44313		Amount of Each Disburse	
Purpose of Disbursement 2006 General Debt Retirement			1000.00 Refund or Disposal of Excess	Excess
Candidate Name Sutton, Betty S.		Category/ Type	Contributions Required 11 C.F.R. 400.53	l Under
Office Sought: X House Senate President State: OH District: 13	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D16911	0
CIRO D. RODRIGUEZ FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 14528			1 1 M	
City San Antonio	State Zip Code TX 78214		Amount of Each Disburse	
Purpose of Disbursement 2006 Run-off Contribution			Refund or Disposal of Excess	2000.00
Candidate Name RODRIGUEZ, CIRO D	Category/ Type Category/ Type Contributions Required Unc			l Under
Office Sought: X House Senate President State: TX District: 23	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D16912	3
CITIZENS FOR ALTMIRE			Date of Disbursement	_
Mailing Address PO BOX 1776			12 D 0 6 Y	ž 0 0 6 °
City FREEDOM	State Zip Code PA 15042		Amount of Each Disburse	
Purpose of Disbursement 2006 Debt Retirement		Refund or Disposal of	1000.00 Excess	
Candidate Name ALTMIRE, JASON Category/ Type			Contributions Required 11 C.F.R. 400.53	l Under
Office Sought: X House Senate President State: PA District: 04	ment For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		>		4000.00
TOTAL This Period (last page this line number only)				

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 17/21
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	,		
Α.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY Mailing Address P.O. Box 127	(Transaction ID: D169132 Date of Disbursement 1 2 0 6 2 0 0 6
	City State Zip Code			Amount of Each Disbursement this Period
		CT 06410		1000.00
	2006 General Debt Retirement Candidate Name MURPHY, CHRISTOPHER SCOTT		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disburse Senate President State: CT District: 05	ement For: Primary General Other (specify)		
В.	Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMIT	TEE		Transaction ID: D169124 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 62			12 06 2006
		State Zip Code IN 47701		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement			1000.00 Refund or Disposal of Excess
	Candidate Name ELLSWORTH, BRAD Cate			Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Senate President State: IN District: 08	ement For: Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON		Transaction ID: D169136 Date of Disbursement	
	Mailing Address 7 CADIZ PIKE			12 06 7 2006
		State Zip Code OH 43912		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement		1000.00 Refund or Disposal of Excess	
	Candidate Name WILSON, CHARLES A JR Category/ Type		Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: X House Senate President State: OH District: 06	ement For: Primary General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .			3000.00
	OTAL This Period (last page this line number only)			

50	CHEDULE B (FEC Form 3)	Use seperate schedule	e(s)	-	NUMBER:	PAGE 18 / 21
IT	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pa	ne ´	(check only	17 18	19a 19b 20c X 21
	y Information copied from such Reports and St for commercial purposes, other than using the					
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO Mailing Address PO BOX 677				Transaction ID: D16 Date of Disbursemen	
	City HONOLULU Purpose of Disbursement	State Zip Code HI 96809	1		Amount of Each Disb	oursement this Period
	2006 General Debt Retirement Candidate Name HIRONO, MAZIE MRS. Office Sought: X House Senate President	oursement For: Primary General Other (specify)		category/ Type	Refund or Dispos Contributions Rec 11 C.F.R. 400.53	quired Under
В.	State: HI District: 02 Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE				Transaction ID: D16 Date of Disbursemen	
	Mailing Address 313 17th Street P.O. Box 4183	State Zip Code			Amount of Each Disb	
	Rock Island Purpose of Disbursement 2006 General Debt Retirement	IL 61202			Refund or Dispos	
	Senate	oursement For:		ategory/ Type	Contributions Rec	
	President State: IL District: 17	Other (specify)				
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS				Transaction ID: D16 Date of Disbursemen	nt
	Mailing Address P.O. Box 1279				$\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$	^Y 2006 ^Y
	City Hudson	State Zip Code NY 12534			Amount of Each Disb	
	Purpose of Disbursement 2006 General Debt Retireme Candidate Name GILLIBRAND, KIRSTEN E MRS Category Type			Refund or Dispos Contributions Rec 11 C.F.R. 400.53	quired Under	
		oursement For: Primary General Other (specify)	ral	Туре		
s	UBTOTAL of Disbursements This Page (optio	nal)		▶		4000.00
	OTAL This Period (last page this line number of					

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	1 -	NUMBER: PAGE 19/21
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 17
	y Information copied from such Reports and Stat			for the purpose of solicating contributions
or t	for commercial purposes, other than using the na	me and address of any politica	l committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS			Transaction ID: D169113 Date of Disbursement
	Mailing Address P.O. Box 1279			111 / 30 / Y 2006 Y
	City Hudson	State Zip Code NY 12534		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Election			2000.00 Refund or Disposal of Excess
	Candidate Name GILLIBRAND, KIRSTEN E MRS		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rsement For: 2008 X Primary General Other (specify)		
_	State: NY District: 20 Full Name (Last, First, Middle Initial)			
В.	KAGEN 4 CONGRESS			Transaction ID: D169128 Date of Disbursement
	Mailing Address 100 WEST LAWRENCE STREET			1 2 M / D 0 6 / Y 2 0 0 6 Y
	City APPLETON	State Zip Code WI 54911		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement			1000.00 Refund or Disposal of Excess
	Candidate Name KAGEN, STEVEN LESLIE		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disbu	rsement For: Primary General Other (specify)		
C .	Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS			Transaction ID: D169129 Date of Disbursement
	Mailing Address 385 E. College St.			12 M / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Iowa City	State Zip Code IA 52240		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement		1000.00 Refund or Disposal of Excess	
	Candidate Name LOEBSACK, DAVID WAYNE Category/ Type		Contributions Required Under 11 C.F.R. 400.53	
	Senate President	rsement For: Primary General Other (specify)		
	State: IA District: 02			4000.00
S	UBTOTAL of Disbursements This Page (optional	d)	>	4000.00
T	OTAL This Period (last page this line number on	ly)		

31	CHEDULE B (FEC FOIIII 3)	Use seperate schedule(s)		NUMBER: PAGE 20 / 21
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Station commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 5429 Madison Avenue			Transaction ID: D169131 Date of Disbursement M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sacramento	State Zip Code CA 95841		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement Candidate Name MCNERNEY, JERRY		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Disbute Senate President State: CA District: 11	Primary General Other (specify)		
В.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress			Transaction ID: D169151 Date of Disbursement
	Mailing Address 203 Frances Lane			$\begin{array}{c c} & & \\ & & \\ & & \\ \end{array} \begin{array}{c} & \\ & \\ \end{array} \begin{array}{c} \\ & \\ \end{array} \begin{array}{c} & \\ & \\ \end{array} \begin{array}{c} \\ \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \\ \end{array} \begin{array}{c} \\ \\ \end{array} \begin{array}{c} \\ \\ \\ \\ \end{array} \begin{array}{c} \\ \\ \\ \\ \end{array} \begin{array}{c} \\ \\ \\ \\ \end{array} \begin{array}{c} $
	City Barrington Purpose of Disbursement 2006 General Debt Contribution	State Zip Code IL 60010		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess
	Candidate Name Bean, Melissa L		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: X House Senate President State: IL District: 08	rsement For: Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS		Transaction ID: D169133 Date of Disbursement	
	Mailing Address PO BOX 868			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City LEVITTOWN	State Zip Code PA 19058		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Debt Retirement		1000.00 Refund or Disposal of Excess	
	Candidate Name Category/ MURPHY, PATRICK J Type		Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: X House Senate President State: PA District: 08	rsement For: Primary General Other (specify)		
s	UBTOTAL of Disbursements This Page (options	al)	>	3000.00
	OTAL This Period (last page this line number or			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s	1 -	NUMBER: PAGE 21 / 21		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page) (check onl			
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
\rangle	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
۹.	Full Name (Last, First, Middle Initial) PAUL HODES FOR CONGRESS			Transaction ID: D169127 Date of Disbursement		
	Mailing Address 107 STORRS STREET			12 M / D 0 6 / Y 2 0 0 6 Y		
		State Zip Code NH 03301		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2006 General Debt Retirement			1000.00 Refund or Disposal of Excess		
	Candidate Name HODES, PAUL W		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: X House Senate President State: NH District: 02	ment For: Primary General Other (specify)				
3.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA			Transaction ID: D169130 Date of Disbursement		
	Mailing Address 1128-408 ROYAL PALM	BEACH BLVD		1 2 M / D 0 6 / Y 2 0 0 6 Y		
	•	State Zip Code FL 33411		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2006 General Debt Retirement			1000.00 Refund or Disposal of Excess		
	Candidate Name MAHONEY, TIM		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: X House Senate President State: FL District: 16	ment For: Primary General Other (specify)				
Э.	Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS			Transaction ID: D169135 Date of Disbursement		
	Mailing Address PO BOX 938			12 7 06 7 2006		
		State Zip Code MN 56002		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2006 General Debt Retirement		1000.00 Refund or Disposal of Excess			
	Candidate Name WALZ, TIMOTHY J Category/ Type			Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: X House Senate President State: MN District: 01	ment For: Primary General Other (specify) ▼				
S	UBTOTAL of Disbursements This Page (optional)			3000.00		
Т	OTAL This Period (last page this line number only)		>	21000.00		